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Study Finds No Cancer-Marijuana Connection

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The largest study of its kind has unexpectedly concluded that smoking marijuana, even regularly and heavily, does not lead to lung cancer.

The new findings "were against our expectations," said Donald Tashkin of the University of California at Los Angeles, a pulmonologist who has studied marijuana for 30 years.

"We hypothesized that there would be a positive association between marijuana use and lung cancer, and that the association would be more positive with heavier use," he said. "What we found instead was no association at all, and even a suggestion of some protective effect."

Federal health and drug enforcement officials have widely used Tashkin's previous work on marijuana to make the case that the drug is dangerous. Tashkin said that while he still believes marijuana is potentially harmful, its cancer-causing effects appear to be of less concern than previously thought.

Earlier work established that marijuana does contain cancer-causing chemicals as potentially harmful as those in tobacco, he said. However, marijuana also contains the chemical THC, which he said may kill aging cells and keep them from becoming cancerous.

Tashkin's study, funded by the National Institutes of Health's National Institute on Drug Abuse, involved 1,200 people in Los Angeles who had lung, neck or head cancer and an additional 1,040 people without cancer matched by age, sex and neighborhood.

They were all asked about their lifetime use of marijuana, tobacco and alcohol. The heaviest marijuana smokers had lighted up more than 22,000 times, while moderately heavy usage was defined as smoking 11,000 to 22,000 marijuana cigarettes. Tashkin found that even the very heavy marijuana smokers showed no increased incidence of the three cancers studied.

"This is the largest case-control study ever done, and everyone had to fill out a very extensive questionnaire about marijuana use," he said. "Bias can creep into any research, but we controlled for as many confounding factors as we could, and so I believe these results have real meaning."

Tashkin's group at the David Geffen School of Medicine at UCLA had hypothesized that marijuana would raise the risk of cancer on the basis of earlier small human studies, lab studies of animals, and the fact that marijuana users inhale more deeply and generally hold smoke in their lungs longer than tobacco smokers -- exposing them to the dangerous chemicals for a longer time. In addition, Tashkin said, previous studies found that marijuana tar has 50 percent higher concentrations of chemicals linked to cancer than tobacco cigarette tar.

While no association between marijuana smoking and cancer was found, the study findings, presented to the American Thoracic Society International Conference this week, did find a 20-fold increase in lung cancer among people who smoked two or more packs of cigarettes a day.

The study was limited to people younger than 60 because those older than that were generally not exposed to marijuana in their youth, when it is most often tried.



The 2011 Legislators' Guide to Medical Cannabis

A Comprehensive Guide to Understanding Medical Cannabis in the State of Montana

The 2011 Legislators' Guide addresses a number of issues facing the legislature. The availability of physicians to make recommendations is outlined in the Guide with appropriate recommendations.

This issue is addressed on Page 6 of the Legislators Cannabis Guide

As of June 2009, there were only 202 physicians making medical cannabis recommendations in the State of Montana while attempting to serve a potential patient base of nearly 1,000,000 residents. At the beginning of 2011, there are 359 recommending physicians. Currently there are 2,361 licensed in-state physicians representing a patient/physician ratio of 1:423. By comparison, in Colorado the patient/physician ratio is 1:270.

There are a number of reasons why physicians have refrained from making medical cannabis recommendations for qualified patients. The majority of physicians in Montana work for groups or hospitals or state and federally funded agencies and may have been expressly forbidden to make recommendations. In addition, many physicians may have felt unqualified to make such recommendations because of a lack of specific training in medical cannabis. Most physicians are yet unaware that continuing education courses on the benefits of medical cannabis are available to them and have been approved by the AMA for continuing education credits.

Issue: Medical Personnel Authorized to Make Recommendations

Currently the Montana Medical Marijuana Act states that only licensed physicians may recommend medical cannabis to a patient. There are currently 625 Advance Practice Registered Nurses (APRNs) able to prescribe medicine but denied the ability to recommend medical cannabis to a patient. In addition, there are approximately 20,000 other nursing professionals that could be involved in the care of patients, including those utilizing medical cannabis as an alternative treatment. It is proposed that APRNs be added to physicians and doctors of osteopathy who are able to recommend medical cannabis to patients. Education is critical for any medical professional recommending medical cannabis or any other pharmaceutical. By including Registered Nurses and other paramedical professionals in continuing education programs, these individuals can assist in patient assessment and patient follow up which will help to improve overall standard of care. It is more likely that these paramedical professionals, moreover than the physicians themselves, are better suited to communicate with caregivers and the providers of medical cannabis and to spend the time necessary with patients to determine an ongoing course of treatment.

Recommendations:

Legislative

1. Authorize APRNs to write medical cannabis recommendations.
2. Authorize Registered or Licensed Practical Nurses to complete the preliminary assessment of patients before referring the patient to an APRN or physician for a final recommendation.

Administrative Rule

1. Require all physicians take Continuing Education courses on **new medical alternatives** they may wish to recommend or prescribe by January 1, 2012.
2. Require all APRNs take Continuing Education courses on **new medical alternatives** they may wish to recommend or prescribe by January 1, 2012.

CE credits are available at www.medicalcannabis.com

and are approved by the AMA and ANA